

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S Z		07-18-01
O.I.P.E. CLASSIFIER		57	7271
FORMALITY REVIEW	17	015	8127/121
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10-20-01
2	10-20-01
3	10-20-01
4	10-20-01
5	10-20-01
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9	10-20-01
10	10-20-01
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50	10-20-01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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57856  
08-27-01

504-9125

10203 U.S. PTO